FORM **HW-2** (REV. 2003)

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

20**03**

FORM HW-2

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

		Corrected
Total Wages (Before Payroll Deductions) 2003	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withh	olding Identification Number	EMPLOYER: See Instructions on reverse side.
		FORM HW-2
FORM STAT	ATE OF HAWAII — DEPARTMENT OF TAXA EMENT OF HAWAII INCOME TAX WIT AND WAGES PAID	
HW-2 (REV. 2003)	AND WAGES FAID	COPY A — For Hawaii State Tax Collector
EMPLOYEE'S Name, Address, and ZIP code	Social Secu	irity Number:
Total Wages (Before Payroll Deductions) 2003 \$ EMPLOYER'S Name, Address, & Hawaii Withh	Hawaii Income Tax Withheld \$ colding Identification Number	Payments Not Included in Total Wages \$ (Indicate Nature of Payment) EMPLOYER: See Instructions
		on reverse side.
		FORM HW-2
	ATE OF HAWAII — DEPARTMENT OF TAXA EMENT OF HAWAII INCOME TAX WIT AND WAGES PAID	
EMPLOYEE'S Name, Address, and ZIP code	Social Secu	rity Number:
		Corrected
Total Wages (Before Payroll Deductions) 2003	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withh	olding Identification Number	EMPLOYER : See Instructions on reverse side.

TO EMPLOYER:

- Prepare this form for each employee to whom wages have been paid.
- 2. Fill in -
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "n"
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - (e) Your name, address, and Hawaii Withholding Identification Number.

- 3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
- Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
- 5. For further information, see Booklet A Employer's Tax

TO EMPLOYER:

- Prepare this form for each employee to whom wages have been paid.
- 2. Fill in
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "O"
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - (e) Your name, address, and Hawaii Withholding Identification Number.

- 3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
- Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
- For further information, see Booklet A Employer's Tax Guide.

TO EMPLOYER:

- Prepare this form for each employee to whom wages have been paid.
- 2. Fill in
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0".
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - (e) Your name, address, and Hawaii Withholding Identification Number.

- 3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
- 4. Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tay Withheld From Wages
- 5. For further information, see Booklet A Employer's Tax

FORM **HW-2** (REV. 2003)

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

20**03**

FORM HW-2

COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

Total Wages (Before Payroll Deductions) 2003	Hawaii Income Tax Withheld	Payments Not Included in Total Wages \$
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withh	'	EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2003. See reverse side of this copy & Copy C for Instructions. FORM HW-2
	ATE OF HAWAII — DEPARTMENT OF TAX EMENT OF HAWAII INCOME TAX WI AND WAGES PAID	
EMPLOYEE'S Name, Address, and ZIP code	Social Se	curity Number:
Total Wages (Before Payroll Deductions) 2003	Hawaii Income Tax Withheld	Corrected Payments Not Included in Total Wages
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii With	т	EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2003. See reverse side of this copy & Copy C for Instructions.
		FORM HW-2
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Corrected Payments Not Included in Total Wages
2003		\$
\$ EMDLOYER'S Name Address & Hawaii With	\$ polding Identification Number	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii With	ioiding identification Number	EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2003. See reverse side of this copy & Copy C for Instructions.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2003. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2003. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2003. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

FORM **HW-2** (REV. 2003)

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

2003

(REV. 2003) COPY C — For Employee's Records

EMPLOYEE'S Name Address and ZIP code Social Security Number:

LIVII LOTEL 3 Name, Address, and Zii Code	curry Number.	
		☐ Corrected
Total Wages (Before Payroll Deductions) 2003	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii With	holding Identification Number	EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.
		DO NOT LOSE THIS STATEMENT.
		FORM HW-2
FORM STATE	ATE OF HAWAII — DEPARTMENT OF TAX FEMENT OF HAWAII INCOME TAX WI AND WAGES PAID	THHELD CALENDAR YEAR 20 03
(REV. 2003) EMPLOYEE'S Name, Address, and ZIP code	Social So	COPY C — For Employee's Records curity Number:
Total Wages (Before Payroll Deductions) 2003 \$ EMPLOYER'S Name Address & Housei With	Hawaii Income Tax Withheld	Payments Not Included in Total Wages \$ (Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii With	holding Identification Number	EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT.
		FORM HW-2
	ATE OF HAWAII — DEPARTMENT OF TAX TEMENT OF HAWAII INCOME TAX WI AND WAGES PAID	
EMPLOYEE'S Name, Address, and ZIP code	Social Se	curity Number:
		Corrected
Total Wages (Before Payroll Deductions) 2003	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii With	holding Identification Number	EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld.

FORM HW-2

DO NOT LOSE THIS STATEMENT.

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2003 required to be filed on or before April 20, 2004, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2003 required to be filed on or before April 20, 2004, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2003 required to be filed on or before April 20, 2004, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

FORM **HW-2** (REV. 2003)

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

2003

FORM HW-2

 $\mathsf{COPY}\:\mathsf{D}-\mathsf{For}\:\mathsf{Employer}$

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

		,
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2003	nawaii income Tax witimetu	\$
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withh	olding Identification Number	FMDI OVER
		EMPLOYER: This copy is for your records.
		FORM HW-2
	ATE OF HAWAII — DEPARTMENT OF TAXATI EMENT OF HAWAII INCOME TAX WITHI AND WAGES PAID	
EMPLOYEE'S Name, Address, and ZIP code	Social Securit	
Total Wages (Before Payroll Deductions) 2003 \$ EMPLOYER'S Name, Address, & Hawaii Withle	Hawaii Income Tax Withheld \$ nolding Identification Number	Payments Not Included in Total Wages \$ (Indicate Nature of Payment) EMPLOYER: This copy is for your records.
		FORM HW-2
FORM STAT HW-2	ATE OF HAWAII — DEPARTMENT OF TAXATI EMENT OF HAWAII INCOME TAX WITHI AND WAGES PAID	HELD CALENDAR YEAR 20 03
(REV. 2003) EMPLOYEE'S Name, Address, and ZIP code	Social Securit	COPY D — For Employer
		Corrected
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not Included in Total Wages
2003		\$
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withh	oolding Identification Number	EMPLOYER: This copy is for your records.